

UNITED STATES HOUSE OF REPRESENTATIVES

FORM B

FINANCIAL DISCLOSURE STATEMENT

For New Members, Candidates, and New Employees

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LEGISLATIVE RESOURCE CENTER

18 APR 18 PM 1:29

Name: Rep Henry John Schemm Daytime Telephone _____

U.S. HOUSE OF REPRESENTATIVES

(Office Use Only)

FILER STATUS



New Member of or Candidate for U.S. House of Representatives

State: Minn District: 8th

Candidates - Date of Election: _____



Check if Amendment



New Officer or Employee

Staff Filer Type (If Applicable):
Employing Office: _____ Shared ☐ Principal Assistant ☐

Period Covered: January 1, _____ to _____

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent child:

- a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or
b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?

Yes ☐ No ☒

E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?

Yes ☐ No ☒

C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?

Yes ☐ No ☒

F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?

Yes ☐ No ☒

D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?

Yes ☐ No ☒

J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?

Yes ☐ No ☒

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"

THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?

Yes ☐ No ☒

EXEMPTION - Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

Yes ☐ No ☒

Name: RAY H. J. SAUNDERS Page _____ of _____

Use additional sheets if more space is required

Page _____ of _____

[illegible]

SCHEDULE C – EARNED INCOME

Name: **RAY A. J. SANDMAN**

Page ____ of ____

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

Source (include date of receipt for honoraria)	Type	Amount	
		Current Year to Filing	Preceding Year
Examples:			
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
State of Maryland	Salary	\$20,000	\$76,000
Civil War Roundtable (Oct. 2)	Spouse Speech	\$0	\$1,000
Ontario County Board of Education	Spouse Salary	N/A	N/A
Note			

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Amount of Liability

SCHEDULE E – POSITIONS

Name of Organization

Use additional sheets if more space is required.

Name: RAY H. T. SANDERS Page of

[illegible]

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of all customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. **Exclude:** Payments by government and any information considered confidential as a result of a privileged relationship recognized by law. **Do not repeat information listed on Schedule C.**

[illegible]

FILER NOTES
(Optional)

Name: <u>RAY H. T. Sauer</u>	Page <u> </u> of <u> </u>
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NOTE NUMBER	NOTES
	The only income I have is from my Pension, and Social Security & VA. Disability Benefits.
1	Pension is 1400 ⁰⁰ a month (PERA)
2	Social Security \$1891 ⁰⁰ per month
3	VA. Disability = \$136 ⁰⁰ per month =
	NO Debts = there is paid off also cars =

CAMPAIGN NOTICE

REGARDING FINANCIAL DISCLOSURE REQUIREMENT

If you have not yet raised (either through contributions or loans from yourself or others) or spent in excess of \$5,000 for your campaign, or if you have withdrawn your candidacy, please indicate your status and sign and date below.

The Honorable Karen L. Haas, Clerk
Office of the Clerk, U.S. House of Representatives
Legislative Resource Center
135 Cannon House Office Building
Washington, DC 20515-6601

APR 11 2018
LEGISLATIVE RESOURCE CENTER
18 APR 18 PM 1:29
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Indicate Your Status:
(Select One)

Dear Madam Clerk:

☒ Over \$5,000
Threshold Not
Exceeded

This is to notify you that I have not yet raised (either through contributions or loans from myself or others) or spent in excess of \$5,000 for my campaign for the U.S. House of Representatives.

I understand that when I do raise or spend in excess of \$5,000 for my campaign, I must file a Financial Disclosure Statement with the Clerk of the House of Representatives according to the deadlines set out on pages 2 and 3 of the Financial Disclosure Instruction booklet, a copy of which has been provided to me by the Clerk.

☐ Withdrawal
of Candidacy

This is to notify you that under the laws of the state of _____,

I withdrew my candidacy for the U.S. House of Representatives on _____.

[Note: If your Financial Disclosure Statement was due **before** the date on which you withdrew from the race, you still must file a Financial Disclosure Statement with the House.]

Name (Please Print or Type): RAY HENRY JOHN SANDMAN
State: Minnesota District: 8th
Date: 4/10/2018

(THIS PAGE WILL BE MADE PUBLICLY AVAILABLE)

RETURN COMPLETED STATEMENT TO:
The Clerk, U.S. House of Representatives
Legislative Resource Center
135 Cannon House Office Building
Washington, DC 20515-6601